UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)			ATTORNEY DOCKET 87448RLO Customer No. 01333			
To: Commissioner for	Patents	1	Express Ma	il Label No.		
₽ .O. Box 1450			EX 1000 800 4			
Alexandria, VA. 22313-1450			EV2935091	73US		
OLED DEVICE HAVING MICROCAVITY SUBPIXELS AND COLOR FILTER ELEMENTS			Date: 4	8.04		19270 US.PTC 10/820592
First Named Inventor (or Application Identifier):						3270 10/8%
Dustin L. Winters						약 *
Enclosed are: 1. X Specification			6. X	Assignment of the Eastman Kodak		
2. 7 Sheets of drawings	S	-	7.	Certified copy of		
3. X Information Disclo	osure Statement Un	der 37 CFR	8.	Associate Power	of Attorney	
4. Combined Declaration for Patent Application and Power of Attorney:						
4a. X New 4b. Copy from a	a prior application (37 CFR 1.63(d) ((for continuation	on/divisional with	Box 11 comple	eted)
5. Incorporation by Reference (useable if Box 4b is 9. Deletion of Inventor(s).						
checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) named						
which a copy of the oath or dec	laration is supplied	l under Box 4b,	in the prior	application, see 3		
is considered as being part of the application and is hereby incorporate in the second			1.33(b).			
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,						
after the title, by ins			NT.			
CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No.,						
filed, entitled.						
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: 11. Continuation Divisional Continuation-in-part (CIP) of prior application No:						
12. X Please address all w		•	• ` '		•	
Eastman Kodak Con				-		
Please Direct all tele						
The filing fee has been calculat						
FOR: BASIC FEE	NO. FILED	NO. EXTRA	RATE	FE		
TOTAL CLAIMS	16 - 20 =	-4	x 18 =		\$ 770 \$ 0	
INDEPENDENT CLAIMS	2 - 3 =	-1	x 86 =		\$ 0	
MULTIPLE DEPENDEN	T CLAIM PRESE	NTED	+ 29	0	\$ 0	
			TOTA	L _	\$ 770	
X Please charge my Eastma	= -	Deposit Account		in the amount of	\$ 770	
X The Commissioner is here	-			required under		
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u> .						
A duplicate copy of this sheet is enclosed						
Key 1 le						
Parmond I Owens/IMD		A 44 a	may for A	licent		

Raymond L. Owens/JMD Telephone 585-477-4653 Facsimile 585-477-4646 Attorney for Applicant Registration No. 22,363